

**GENERAL PURPOSE / MOTORCYCLE POSTAL DELIVERY OFFICER (Medium Impact) -
 PRESCRIPTION SAFETY SPECTACLES ORDER FORM**
One Pair of Glasses per Order Form



Only valid at: Prescription Safety Glasses Pty Ltd Licensed Outlet

All frames and lenses comply with AS/NZS 1337.6:2010 and the lenses to be rated to EPF 10 as the minimum requirement.

EMPLOYEE DETAILS

APS No:											Facility	
Full Name												

WORKPLACE DELIVERY ADDRESS (IF APPLICABLE)

Address																								
Suburb													State							Postcode				

DUTIES PERFORMED (tick one)

<input type="checkbox"/>	Motorcycle Postal Delivery Officer
<input type="checkbox"/>	Other (Detail.....)

TYPE OF ISSUE (tick one)

<input type="checkbox"/>	Fair Wear & Tear Replacement
<input type="checkbox"/>	Initial Issue

ORDER FORM – (to be entered by Optometrist)

(GST does not apply to lenses)

Description (AS/NZS 1337.6:2010) Medium Impact	
Order Reference Number	
Date entered	

AUSTRALIA POST AUTHORISATION - MUST BE SIGNED BY THE RELEVANT SPEND APPROVAL DELEGATE.

I certify that the details entered on this form are in accordance with Australia Post policy and employee entitlements.			
Approver details	Work Center Code:	Position No:	Date:
Approver details	APS No:	Approved by (Signature):	Print Name:
Contact details	Phone No:	Email Address	
		@auspost.com.au	

Employee is required to sign below to acknowledgement receipt of the prescription safety spectacles from PSG outlet.

Received one pair of Prescription Safety Glasses: Employees Signature	Date Received:
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HOW TO COMPLETE THIS ORDER FORM

This order form is to be used when ordering prescription safety spectacles for Australia Post Employees required to wear safety glasses as part of their duties only.

The supplier will only process orders for Prescription Safety Spectacles on presentation of a completed and authorised Australia Post Prescription Safety Spectacles Order Form. Employees are required to attend a supplier outlet in person for the fitting of safety spectacles. The supplier will retain this form.

Employees are to present a current optical prescription when attending a PSG outlet for provision of prescription safety glasses.

Note: Medicare will cover the cost of Eye Examination every two years.

ORDERING INSTRUCTIONS

1. Turn overleaf and complete the following sections:

- Employee details
- Workplace delivery address
- Duties performed
- Type of issue
- Australia Post authorisation (must be signed by the relevant spend approval delegate).
- Order reference number and date order entered – to be completed by Optometrist.

Note: Supplier will assess the correct safety glasses based on the examination of the employee & review of job functions.

Product Description

The frames and lens supplied will comply with AS/NZS 1337.6:2010 Medium Impact.

Notes for Manager

- Note: 1 Special requirements Frame – will be based on recommendation of treating Optometrist where the standard frame is not compatible for the user and will be referred to Australia Post national contact for approval.
- Note: 2 Special requirements Lens – will be based on recommendation of treating Optometrist where the lens detailed is not compatible for the user.
- Note: 3 – Postage & Handling – Only to use where the employee cannot attend to collect spectacles after initial examination has been performed.
- Note: 4 – Hi Index – PSG will contact the Australia Post national contact for approval where a Hi Index Lens is recommended.

Goods Receipting

Employees will sign the form to acknowledge receipt of the safety glasses from the optometrist.

Employees will notify Administration staff on receipt of the glasses

Administration staff in facilities will be required to Goods Receipt the order to release payment to the supplier.

Invoices are paid centrally by Customer Operations upon final Goods Receipting of the order.

**FOR PSG CUSTOMER SERVICE:
Call Number: (02) 9914 3740**